



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

For Human Services use only:

General Letter No. 8-AP-439

Employees' Manual, Title 8
Medicaid Appendix

May 6, 2016

OPTOMETRIST AND OPTICIAN SERVICES MANUAL TRANSMITTAL NO. 16-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: ***OPTOMETRIST AND OPTICIAN SERVICES MANUAL***, Chapter III,
Provider-Specific Policies, page 11, revised.

Summary

OPTOMETRIST AND OPTICIAN SERVICES MANUAL is revised to align with current IA Health Link policies, procedures, and terminology.

Effective Date

January 1, 2016

Material Superseded

This material replaces the following page from the ***OPTOMETRIST AND OPTICIAN SERVICES MANUAL***:

Page

Date

Chapter III

11

April 1, 2014

Additional Information

The updated provider manual containing the revised pages can be found at:

<http://dhs.iowa.gov/sites/default/files/Optomnet.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at imeproviderservices@dhs.state.ia.us.



- ◆ Visual therapy when warranted by case history or diagnosis, for a period not greater than 90 days. Treatment for convergence insufficiency is covered when provided by pediatric ophthalmologists, orthoptists, and optometrists. Visual therapy is not covered when provided by opticians.
- ◆ Photochromatic tint for members who have a documented medical condition that causes photosensitivity and less costly alternatives, such as clip-ons or a visor, are inadequate.

Other services, such as protective lenses for persons with only one eye, Schroeder shields, or ptosis crutches, are covered when necessary. Explanation of the need for these services shall be attached to the claim.

7. Exclusions on Coverage

Noncovered services include, but are not limited to, the following:

- ◆ Glasses with cosmetic gradient tint lenses
- ◆ Sunglasses
- ◆ Other eyewear for cosmetic purposes
- ◆ Progressive or no-line multifocal lenses
- ◆ A second pair of glasses or spare glasses
- ◆ Cosmetic surgery
- ◆ Experimental medical and surgical procedures
- ◆ Any services related to a noncovered service

C. BASIS OF PAYMENT FOR SERVICES

1. Materials

The reimbursement for allowed ophthalmic materials is subject to a fee schedule established by the Department or to actual laboratory cost, as evidenced by an attached invoice.

Materials payable by fee schedule are:

- ◆ Lenses (single vision or multifocal)
- ◆ Frames
- ◆ Case for glasses